

Form **944 for Tax Year 2006: Employer's Annual Federal Tax Return**

Department of the Treasury — Internal Revenue Service

OMB No. XXXX-XXXX

Employer identification number (EIN)	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (not your trade name)	<input type="text"/>								
Trade name (if any)	<input type="text"/>								
Address	<input type="text"/>								
	Number		Street				Suite or room number		
	<input type="text"/>				<input type="text"/>		<input type="text"/>		
	City				State		ZIP code		

Who Must File Form 944

You must file annual Form 944 instead of filing quarterly Forms 941 **only if the IRS notified you in writing.**

Read the separate instructions before you fill out this form. Please type or print within the boxes.**Part 1: Answer these questions for 2006.**

1 Wages, tips, and other compensation	1	<input type="text"/>
2 Total income tax withheld from wages, tips, and other compensation	2	<input type="text"/>
3 If no wages, tips, and other compensation are subject to social security or Medicare tax	3	<input type="checkbox"/> Check and go to line 5.
4 Taxable social security and Medicare wages and tips:		
	Column 1	Column 2
4a Taxable social security wages	<input type="text"/>	<input type="text"/>
4b Taxable social security tips	<input type="text"/>	<input type="text"/>
4c Taxable Medicare wages & tips	<input type="text"/>	<input type="text"/>
4d Total social security and Medicare taxes (Column 2, lines 4a + 4b + 4c = 4d)	4d	<input type="text"/>
5 Total taxes before adjustments (line 2 + line 4d = line 5)	5	<input type="text"/>
6 Tax adjustments (If your answer is a negative number, write it in parentheses.): (See instructions for each line.)		
6a Current year's adjustments (See instructions)	6a	<input type="text"/>
6b Prior years' income tax adjustments (See instructions. Attach Form 941c.)	6b	<input type="text"/>
6c Prior years' social security and Medicare tax adjustments (See instructions. Attach Form 941c.)	6c	<input type="text"/>
6d Special additions to federal income tax (reserved use). Attach Form 941c	6d	<input type="text"/>
6e Special additions to social security and Medicare taxes (reserved use). Attach Form 941c	6e	<input type="text"/>
6f Total adjustments (Combine all amounts: lines 6a through 6e.)	6f	<input type="text"/>
7 Total taxes after adjustments (Combine lines 5 and 6f.)	7	<input type="text"/>
Caution: If line 7 is more than \$1,000, beginning the first quarter of 2007 you must file Form 941 instead of filing Form 944.		
8 Advance earned income credit (EIC) payments made to employees	8	<input type="text"/>
9 Total taxes after adjustment for advance EIC (line 7 – line 8 = line 9)	9	<input type="text"/>
10 Total deposits for this year, including overpayment applied from a prior year	10	<input type="text"/>
11 Balance due (If line 9 is more than line 10, write the difference here.) Make your check payable to the United States Treasury and write your EIN, Form 944, and 2006 on the check	11	<input type="text"/>
12 Overpayment (If line 10 is more than line 9, write the difference here.):	12	<input type="text"/>
		Check one <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

► You MUST fill out both pages of this form and SIGN it.**Next ►**

Part 2: Tell us about your tax liability for 2006.

- 13 Check one: ☐ Line 9 is less than \$2,500. Go to line 15.
☐ Line 9 is \$2,500 or more, fill out the tax liability for each month.

	Jan.		Apr.		Jul.		Oct.
13a	<input type="text"/>	13d	<input type="text"/>	13g	<input type="text"/>	13j	<input type="text"/>
	Feb.		May		Aug.		Nov.
13b	<input type="text"/>	13e	<input type="text"/>	13h	<input type="text"/>	13k	<input type="text"/>
	Mar.		Jun.		Sep.		Dec.
13c	<input type="text"/>	13f	<input type="text"/>	13i	<input type="text"/>	13l	<input type="text"/>

Total liability for year (Add lines a through l). Total must equal line 9.

13m

- 14 ☐ ☐ If you made deposits of taxes reported on this form, write the state abbreviation for the state where you made your deposits OR write **MU** if you made your deposits in **multiple** states.

Part 3: Tell us about your business. If question 15 does NOT apply to your business, leave it blank.

- 15 If your business has closed or you have stopped paying wages

☐ Check here and enter the final date you paid wages. / /

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? (See the instructions for details.)

☐ Yes. Designee's name

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS

☐ No.

Part 5: Sign here.

You **MUST** fill out both pages of this form and **SIGN** it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

X

Sign your
name here

Print your
name here

Print your
title here

Date

 / /

Best daytime phone

 () -
Part 6: For paid preparers only (optional)

If you were PAID to prepare this return and are not an employee of the business that is filing this return, you may choose to fill out Part 6.

Paid Preparer's
name

Preparer's
SSN/PTIN

Paid Preparer's
signature

Date

 / /

☐ Check if you are self employed

Firm's name

Firm's EIN

Address

City

State

ZIP code